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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25377

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6940

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Missouri (b) County 0-25
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3909 Wyoming 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Johanna Meinz Caho

3. (b) If veteran, name war –

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred T. Caho

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December (Month) (Day) (Year)

8. AGE: Years about 68 | Months | Days | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George Meinz

13. Birthplace London (City, town, or county) England (State or foreign country) 4

14. Maiden name Hickey

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Fred T. Caho

(b) Address 3909 Wyoming Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JUL 25 19 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1947 hour 1 minute 20 A M.

21. I hereby certify that I attended the deceased from 7-24-47, 19 to 7-25-47, 19; that I last saw her alive on July 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage — Duration 12 min 7-24-47

Due to Hemorrhage

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) 0

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. G. Dunn (M. D.)
Address 1927 S. Union Date signed 7-25-47

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address Kaus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.